

HEALTHY COMMUNITIES **TOOL**  
Nutrition & Physical Activity **KIT**



IV. Community Assessment

COMMUNITY  
ATTITUDE

# TOOL KIT

## HEALTHY COMMUNITIES

### Nutrition & Physical Activity



## Lessons learned

*Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.*

### COMMUNITY ASSESSMENT: COMMUNITY ATTITUDE

- Listen to the community. What are their attitudes about physical activity, and food? What changes would they like to see? What are their priorities? They have many creative solutions.
- This provides an opportunity for people who don't normally have a voice to be involved. You can use this as opportunity to hear from more diverse members of the community. For example, you may choose to conduct focus groups in Spanish or focus groups of seniors or parents of young children.
- If you do a telephone survey completed by the university or someone outside of the community be sure to have a local contact. People want to make sure the project is legitimate.
- You'll find a lot of surprises and have a better understanding of barriers and opportunities in the community. Not everyone shares the same attitude or priorities as the project leaders.

# HEALTHY COMMUNITIES **TOOL** Nutrition & Physical Activity **KIT**

GILMORE RESEARCH GROUP

Project C02032

## Key Informant Interview Guide

Respondent Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

Date of Contact \_\_\_\_\_ Callback \_\_\_\_\_ Date Completed \_\_\_\_\_

Hello, I'm calling from Gilmore Research Group. May I please speak with \_\_\_\_\_? IF NOT AVAILABLE, ARRANGE CALLBACK.

WHEN CORRECT PERSON IS ON LINE, SAY: Hello, I'm \_\_\_\_\_ from Gilmore Research Group calling on behalf of the Washington State Department of Health.

(IS DOH PLANNING TO SEND A LETTER TO POTENTIAL KEY INFORMANTS? IF SO, INCLUDE THE FOLLOWING:) I believe that \_\_\_\_\_, from the Department of Health, sent you a letter recently, requesting your participation in a survey regarding community opportunities to influence better nutrition and more physical activity among the population. Have you received this letter? IF YES: SAY: WONDERFUL. This survey will take about 15 minutes. Is now a good time for you to help us with this important research? IF NOT, ARRANGE CALL BACK. IF YES: CONTINUE:

IF NO, haven't received letter, SAY: It is our understanding that you should be receiving this letter soon if you haven't already gotten it. Would you consider participating in the survey now? IF YES, SAY: WONDERFUL. This survey will take about 15 minutes.

IF NO, WOULD PREFER TO WAIT FOR LETTER, thank them and tell them you will call back at a later time. (NOTE: Respondents will be offered the option of receiving a fax if they prefer.)

(IF NO LETTER, START HERE.)

As you may already be aware, the Washington State Department of Health is working on a program to improve nutrition and physical activity among residents of its towns and cities. As a part of the preparation, there will be a pilot program to determine which measures should be included in the plan. Your input will help us decide how best to approach communities and encourage development and implementation of local programs.

Before we get started, I want to let you know that your responses will be confidential. (Is this true?)

**IF NEEDED:** If you have any questions or concerns about this survey, you may contact Patricia Glazer at Gilmore Research at 206-726-5555. Or you may contact

First of all we would like to ask you a few questions about your community and your perceptions of it.

1. Do you believe that obesity is a problem in your community? Yes ( ☐ ) No ( ☐ )  
(IF YES, ASK:) How does obesity seem apparent in your community?
  
2. Do you believe that lack of physical activity is a problem in your community?  
Yes ( ☐ ) No ( ☐ ) (IF YES, ASK:) Why do you say that?
  
3. Do you believe that poor diet is a problem in your community? Yes ( ☐ ) No ( ☐ )  
(IF YES, ASK:) How does poor diet seem to be a problem in your community?
  
4. Are you aware of current programs related to nutrition and physical activity in your community? Yes ( ☐ ) No ( ☐ ) (IF YES, ASK:) What programs are available in your community?

The next few questions are going to be related specifically to the pilot intervention being planned by the Washington State Dept. of Health. The intervention is going to involve either environmental or policy changes within your community. Your community will be provided with a list of possible choices of environmental and policy changes and the changes made would be up to your community. Examples of such changes include increasing the number of bike lanes in your community, increasing availability of physical activity facilities in schools to community members, and promoting the presence of healthy foods in vending machines in worksites and schools.

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## Nutrition & Physical Activity

5. Would policy makers in your community be willing to make such changes?

Yes ( ) No ( )

Why do you think they would/would not be willing to make such changes?

6. Would it be possible for policy makers in your community to help to make such changes? Yes ( ) No ( )

(IF YES, ASK:) How do you think they could help?

(IF NO, ASK:) What would make it difficult or impossible for them to help?

7. (IF YES TO HELP, ASK:) Approximately how long would this take? (to implement each of these measures or other examples mentioned)

8. Would policy makers within your community be able to devote some funds to support such changes? Yes ( ) No ( )

(IF YES, ASK:) How would they support these changes with funds?

9. (IF NO to Q8, ASK:) Would policy makers be willing to search for funds to support such changes? Yes ( ) No ( )

Why/Why not?

10. Would members of your community be willing to work with your community's policy makers and a state agency to choose and implement the environmental or policy changes? Yes ( ) No ( )  
Why do you think that is?

11. Part of being selected as the pilot community will involve collecting information about your community before and after the environmental or policy changes are put in place. Would members of your community be willing to have the Department of Health collect information about your community and its members?  
Yes ( ) No ( )  
Why is that?

12. On a scale of 1 to 10 (with 10 being the highest), what is your level of interest in taking part in a project such as this?  
(CIRCLE RESPONSE AND RECORD COMMENTS:) 1 2 3 4 5 6 7 8 9 10

THANK YOU for taking the time to participate in this interview. The Dept. of Health will be selecting one of the communities in the state for this pilot program during the next few weeks. We appreciate you help in this process.